Jan: 27 1829 ... No 15 6h.

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An
Inaugural Dissertation
On
Dysentery
For
The degree of Doctor of Medicine
In the
University of Pennsylvania
By
Nicholas L. B. Stith
of Halifax
North Carolina
January 25th 1829

To Landon Clanton M.D.
of Halifax North Carolina

Dear Sir

As my earliest instructor in the Science of Medicine, permit me to place your name, at the head of the Dedication, which I have taken the liberty to make of this Inaugural Essay, and to subscribe myself truly and affectionately

Yr Obliged friend
R. L. Pettit

Philadelphia
January 18th 1829—

To Philip. Syng. Physick M.D. Thomas. C. James M.D. Nathaniel Chapman M.D. John Redman Coxe M.D. Robert Ware M.D. William Gibson M.D — Wm. P. Dewees M.D. Wm. E. Horner M.D. and Samuel. M. Jackson M.D.

Gentlemen

I avail myself of this, perhaps, the last time, that an opportunity will be afforded me, of tending you,

individually, my deep sense of the many and various advantages, which I have derived at your hands — I pray you to believe, that apart from professional advantages, I can never cease to retain, a lasting impression of your invariable kind demeanour and polite attentions — I would say more, but I know you fully appreciate, the emphatic remark, "the eloquence of gratitude is silence" —

Philadelphia
January 18th 1829 —

N. L. Griffith

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# Dysenteria

In commencing an Inaugural Dissertation, I am forcibly impressed with the importance of the emphatic remark, which fell so frequently from the lips of that distinguished Teacher, the late Doctor Rush — namely, Truth is a Unit — In accordance with my design I take leave also, to adopt the hardly less forcible language of a distinguished living Statesman and to declare "Truth is my object — and wheresoever she points the way, I do not fear to follow" ——

This preliminary remark, is all that is deemed necessary, before entering on the immediate investigation of the subject proposed to be discussed ——

Cullen defines Dysenteria to be a Contagious fever, in which the patient has mucus or bloody discharges, with much griping and tenesmus, the faeces for the most part being retained. Except the fact of its being contagious, the definition would not require amendment — Dysenteria comes on with chills, alternating with flushes of heat,

frequent pulse, together with tormina and tenesmus. In some cases, however, the local affection precedes, in others, the disease is preceded by loss of appetite, constipation, nausea and vomiting: then comes on irritation. As the disease advances, the evacuations become more frequent and painful. Prolapsus Ani often happens. The matter voided by stool is various, being sometimes merely mucus, without blood, and called by Doctor Rederer the "Morbus Mucosus" — and by others the "Dysenteria alba". — The mucous discharges are generally tinged with blood; upon some occasions a pure and unmixed blood is voided in considerable quantity: We sometimes find in the stools, coagulated lumps, like pieces, of Cheese, or impacted mucus, or coagulated blood. In other instances the matter voided is variously changed in colour and consistence. We seldom perceive in the stools, natural faeces, and when they do appear, it is in the form of Scybala or somewhat hardened and seperate balls. Whether these be voided by the efforts of nature or

solicited by art, they procure a remission of the symptoms, especially tormina and tenesmus. Connected with the symptoms already mentioned, is Fever, which evinces itself by the heat, thirst, restlessness and furred tongue, the pulse is not very active or full, but tense, corded and hard. This may be considered as the height or crisis of this complaint. This fever is irregular; assuming either the Intermittent, Remittent or Continued form. It may be either Inflammatory or Typhoid —
The Causes are Miasm, sudden vicissitudes of weather from heat to cold et vice versa. Unripe Fruits, a vegetable Diet alone, or Animal, or Putrid food. The most prevalent predisposing cause of dysentery, is a high temperature of atmosphere, the influence of which as a cause of this disease is severely felt in Warm Climates. A certain degree of heat is a stimulant, necessary to the due performance of healthy action, but a strong heat, constantly applied, exhausts the principle of excitability, which is the basis of life, and a morbid lassitude

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called by Doctor Brown, indirect debility, is the consequence. An exciting cause, is now only necessary, to the production of the disease. Of these, the most frequent, is cold. It is not the degree of cold, so much as the mode of its application, that produces this complaint. It is, the partial application of cold, while the body is at rest, which always proves dangerous. If a current of air blow on a man during the Night, while he is covered only, with his usual wearing apparel, or if even, with the best accommodations, his head or arms are uncovered, and exposed to such current, he seldom escapes some ailment. He may be seized, either with Rheumatism, in the vicinity of the parts thus exposed, or with Cephalalgia, Catarrh, perhaps Inflammation of his Lungs or Dysentery, either of which I conceive to be dependant on predisposition. Sudden transitions from heat to cold, is also a well known cause of many diseases. Yet

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every such transition is not hurtful. In Russia where the cold is intense, it is a common thing with the natives, to go out of the hottest baths, in the open air, and rub themselves all over with snow, without experiencing the least indisposition or smallest injury. But when from a moderate warmth to which we have been for some time exposed, a transition is made to a degree of cold not very intense, it then becomes dangerous. Cold is particularly dangerous when accompanied with moisture — A man will be seized with Dysentery, by not changing his clothes after being wet, particularly his stockings: Sleeping in a damp Room, will also produce the same effect. It would therefore be advisable for Dysenteric Persons always to change their clothing, after having been exposed to the inclemencies of the Weather, and to avoid sleeping in damp Rooms — How cold produces dysentery I will not attempt

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an Explanation. But it has been a prevailing opinion among Medical Men, that Cold excites Dysentery, only by the check, which it gives to perspiration, forcing inwards on the bowels those humours which in health have free issue by the exhalent vessels of the skin ✠ Another cause of this disease, is the eating or drinking of acrimonious or putrid substances. Under this head may be enumerated all spoiled Fruits, all kinds of bad or mouldy victuals and Intemperance in eating ~~and~~ drinking ——

The Diagnosis is easy; it can only be mistaken for Diarrhoea, which requires measurably the same Treatment, and of course can not render the Physicians situation ~~[illegible]~~ embarrassing. ——

Prognosis. Dysentery sometimes terminates in a few days, but is often protracted. If not early arrested, it becomes very serious and alarming. The pain increases, there is great prostration, the extremities become cold, Clammy sweats break out, the abdomen is tense and

✠ see the opinion of the truly celebrated Doctor Sydenham in corroboration of the same Idea

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tender to the touch. Petechiae, Hiccough and Aphthae make their appearance, with a small feble pulse, and the alvine discharges, resemble the washings of putrid meat or dark grumous blood. These symptoms are generally the precursors of Death. We have instances on record, however, of the recovery of dysenteric persons, even when large portions of Intestine has sloughed and escaped per anum. It is therefore a duty incumbant on the Profession, to persist in the remedial art, until life itself is extinguished. In the latter stages of this complaint, the circumstances, which denote a favourable termination are, a remission of of the attendant fever, pulse fuller and softer, the skin becoming moist and relaxed, the tongue cleaning, the stools becoming less frequent and more natural, with a diminition of the tormina and tenesmus. Post Mortem. In the examination after death; the Colon and Rectum are found inflamed, with spots and ulcers about the Ileo-cecal valve. We are informed by Sir John

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Pringle, that on opening a patient, who died of Dysentery, the Intestines, were mortified, and the Spleen to use his own language "Corrupted" —

Pathology. By Sydenham, Mosley and many other writers, dysentery is considered as a "Fever turned in on the Bowels, from suppressed perspiration" for the relief of which, they advise sudorifics or such medicines as have a tendency, to produce perspiration, to turn it out again; and truly in this way they will often succeed; for by exciting and keeping up a constant Diaphoresis, the determination instead of being confined to the Bowels, is by revulsion invited to the surface, an equilibrium of the circulation is restored, and a speedy recovery is the result. By other Physicians it is contended on the contrary, that the proximate cause (which is the ipse morbus of dysentery is an "Inflammation of the mucus membrane of the Intestinal Canal" — This Idea was long ago combated in a work on Tropical

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Climates by Doctor Johnston, and his opinion is supported, by Doctor Armstrong in his admirable work on Typhus Fever — "This pathological view (says Dr Armstrong) makes the concomitant inflammation, rather a symptom or an effect of the general excitement, than an original cause of the Dysentery, and a strict survey of facts, will verify the opinion, for in the first stage of oppression, when the surface is cool, so far from there being any unquestionable sign of inflammation, a diminution of arterial tone exists every where, and the substantial evidences of Inflammation, only emerge, with the excitement of the heart and arteries, which succeeds the first stage of oppression" — It is declared by Dr Johnston "that in Dysentery as in Fever; inflammation is not the original cause, but undoubtedly is the principal effect, which we are to dread and endeavour to obviate —

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After a long attention to Dysentery, as it affected great numbers under my care, and also as it affected myself in person; I can confidantly assert, that two functions, appeared to be constantly disordered, from the begining, and which either soon produced or were accompanied by other derangements. These were the functions of the Skin and Liver or Perspiration and Biliary secretion. Partial sweats are sometimes seen on the surface, and occasionally an admixture of Bile in the stools, but these are transitory and morbid; for otherwise, the regular perspiration is suppressed and the healthy secretion of Bile stopped — These are the two first links of that morbid chain, which connects the Remote cause, with the ostensible form of the disease, and if this chain be severed, by an early restoration of the two functions in question, the disease will be checked — The next link in the chain of Dysenteric

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phenomena is the disturbance in the balance of excitability and of the circulation. A torpor appears to seize the secretory vessels of the Liver, from sympathy with ~~the~~ those of the skin; in consequence of which, a venous plethora prevails, throughout the whole of the Portal Circle, and the mucous membrane of the Intestine, and dysenteric symptoms are then unequivocally developed. We may now plainly perceive, how all those consequences, which have passed so often for causes, can arise. If the plethora be great, blood itself will be poured from the mouths of the mesenteric vessels; hence inflammation and even ulceration may ensue. If any hardened faeces lurk in the cells of the Colon, they will be grasped by the irritable circular fibres of the Intestines, and rings and strictures, will augment the tormina and tenesmus of the Bowels —

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Treatment. The Indications of cure in this disease, consists of two, namely—
First to subdue Inflammatory action, and secondly to restore the healthy action of the Intestines. As a means of arresting inflammation, removing violent spasm and constriction, and awakening susceptibility to remedial impression, Venesection is preeminent, and should precede generally, all other remedial agents, in the acute form of this disease— and to obtain its salutary effects, the detractions of Blood from the arm should be large; unless the depletion be great, say ℥ xx ℥ we trifle with lives entrusted to our care. By copious Blood letting we remove the constriction of the Intestines, produce relaxation and moisture of the skin, and perhaps do away the necessity, of again recurring to Venesection. In the commencement of an attack of Dysentery, the Phlogosis is generally located, in the mucus tissue of the

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of the Intestines; this coat, is very greatly predisposed to Gangrene, and the inflammation in some instances, is so rapid that Venesection might be detrimental, if not absolutely forbidden, or if admissable, the mere abstraction of blood from the arm, might be insufficient of itself, to subdue inflammation, then as an auxiliary, we should apply Leeches over the abdomen, so long as symptoms of Phlogosis prevail. To relieve tormina and tenesmus, experience and observation inform us, that the application of a few Leeches, near the anus, will afford much relief. It has been usual ever since the time of Sydenham, with Physicians to begin the Treatment of this Complaint with an Emetic; and the Routine practice, is to administer an Emetic, regardless of the existing state of the System. This I think objectionable and must be, oftentimes, productive of the most serious consequences; most commonly, Phlogosis is the predominant symptom, and so long as that has the ascendancy

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the administering an Emetic, might not, only, prove injurious, but sometimes, increase to an alarming extent, those symptoms, which we should attempt to alleviate, if not entirely to remove. But when the Stomach is loaded, thereby creating nausea and distress, then an Emetic is certainly indicated, and its immediate exhibition demanded, if little or no Phlogosis be present. To fulfil the second indication, it may be proper to resort to an Emetic. Ipecacuanha in the dose of ℥ss. to ℥i, in combination with sixty drops of Laudanum is represented by Mr Hayfair, a Surgeon at Bengal, as being exceedingly efficacious. In the Lenient forms of Dysentery, to evacuate the Intestines, we may give ℥i Oleum Ricini several times, in the course of the twenty four hours. At the South, and during high degrees of temperature, the mercurial purges, seem to be, peculiarly applicable: Calomel alone or in combination with the Rheum Palmatum

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and if tardy in its operation, succeeded by the Sulphas Magnesiæ, will generally obtain. In cases of Hepatic derangements, we should always resort to Calomel or the Blue pill. To relieve Irritation an opiate must be given; various are the formulae for Anodynes, in this tormenting complaint. Opium alone or Tinctura Opii with the dulcified spts of Nitre &c. But I have little hesitation in commending, as far preferable to any thing of the kind, I have seen tried, a combination of the Gum Opium and Camphor, say for an adult in the proportion of

℞ Camphor ij vel iv grs
Gum Opium $\frac{1}{m}$ — 1/2 —

I know not how it is, but when the Powers, powder, or the anodynes suggested, and others have failed, this remedy acts like a charm, removing tormina and other uneasiness, and affording refreshing sleep, in accompaniment, usually, with general and moderate Diaphoresis. All who are conversant

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with this disease, know the salutary consequences, resulting from a few hours of undisturbed sleep; that it invigorates the exhausted system, and enables the patient, to undergo such wholesome evacuations, as may be subsequently indicated. These things premised the following prescriptions will be found useful according to the state of the system.

℞ Acid. Nitrici, f. ℥j
Mistur. Camphorae, f. ℥viij
Tinct. Opii, m XL.

A table spoonful every fifteen minutes.

To relieve tormina and tenesmus, we may give the following

℞ Ol. Ricini, f. ℥j
Pulv. Gum. Acaciae ℥j
Saccher. Purificat. ℥j
Tinct. Opii. XL.
Aq. Menth. Viridis, f. ℥iv.

A table spoonful every hour

℞ Magnes. Sulphat. ℥ss.
Acid. Acetic, f. ℥iss.
A table spoonful every fifteen minutes
℞ Pilul. Opii —
℞ Magnes. Sulphat ℥ss.
Tinct. Opii, m. L.
Aq. Fontan. f. ℥iv
A table spoonful every fifteen minutes

Enemata
℞ Fresh melted Butter 1 Pint
℞ Cold water —— 1 Pint.

All that has been said, is applicable only to the early or Inflammatory Stage. It is asserted by Richter "that Dysentery is a Rheumatic or Catarrhal affection of the large Intestines, that inflammation arises from Irritation and that the Treatment, proper, is the sweating mode. But he, who confides alone on Diaphoretics, in the

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cure of this disease, will find his path traced, only by the mortality, which such a practice will occasion Broussay on the contrary contends "that the disease is dependant on simple phlogosis of the Large Intestine, and to be treated by Venesection and their auxiliaries, and avoiding Purgatives. But such theories and modes of practice, are in themselves hurtful, and exert on the minds of Young Men a most pernicious tendency. Credulity is truly characteristic of all men, but more especially of young men. who instead of searching after Truth and being governed by its mandates, will adhere most firmly to Theories, carrying with them some plausibility, no matter how incorrect, how improper, or how injurious in their consequences. Practical and not theoretical information should be the study of all professional men, who are in pursuit of clinical medicine or knowledge. From all the information that I can collect from various authors on this subject; I conceive that the

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Skin, Liver, and other secretory organs are dis=ordered; and that the restoration of them, to the proper performance of their functions, should be the primary consideration of the Physician, who should adapt his medicines to such organs as might chance to be injured or diseased, for only, by such happy adaptation, can healthy action be restored to those parts. The sweating treatment under some restrictions, is certainly sometimes indicated and often successful— After inflammatory action has been reduced and the Prima Viae evacuated, to relieve Intestinal Irritation, excite the alvine discharges and produce a determination to the surface. We may administer the following

℞ Gum Opii IV grs
Calomel XVI—
Pulv. Ipecac viij m.

Divide into eight doses and take one every two or three hours. But as a more power

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-ful Diaphoretic, the Dovers Powder is recommended, which seems independantly of its general action to exert a kind of specific efficacy; for the alleviation of tormina and tenesmus, this may be prescribed with the greatest advantage. And when these symptoms exists with bloody discharges, perhaps we could avail ourselves of few auxiliaries more advantageous than the succeeding.

℞ Gum Opium ij grs
Pulv. Ipecacuanha IV-
Creta prepp. XXIV
Loaf Sugar ℥i - M

Divide into eight powders: one of which to be exhibited once in two hours, until the griping and bloody discharges cease. A Cup of some tepid Drink may be occasionally administered, so as not by over distension of the Stomach, to produce unpleasant nausea and distress. The Antimonials, are highly spoken of by Sir George Baker, Sir John Pringle and many of the Eastern

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Physicians in this stage of the disease. They contend that the Antimonii Tartarizatum, in its effects, is more certain and of longer duration, than the Callicocca Ipecacuanha, but the preferance is given to the latter by Professor N. Chapman, than whom, no higher authority is requisite. To assist the aforementioned remedies, we should apply warm fomentations to the Stomach and abdomen; these subdue phlogosis, and consequently relieve spasm. The general use of the warm Bath has also been recommended, especially in cases of Children. The Vapour Bath, possessing the same salutary tendencies, may be resorted to. Having detracted blood generally and topically, evacuated the Intestinal Canal, and the disease continue unchecked, we shall experience the happiest effects, from the application of a Blister, large enough to involve a principal portion of the abdomen. The sinking stage

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of Dysentery is to be managed by Opium, Carb ammonias and Wine whey, with external stimulants for this last, the spts of Turpentine is the most appropriate. When phlogosis is about to degener ate into gangrene, an Infusion of Capsicum internally, as well as in the form of an Enema, is a most valuable remedy. Drinks. These should be Demulcents, such as Barley water, Rice water, Mucilage of Gum Arabic, Sago, Arrow Root, and the Ulmus Ruber. Dysentery as it occurs in Crowded apartments, Hospitals, &c is said to be Contagious, which has been as cribed to the "Effluvia arising from the secret ions and excretions" — Such an Hypothesis is absurd. It is diametrically opposite to the experience and observation of Thousands. It is asserted by Doctor Johnston, the Author of a late work on the Liver, and the diseases of Tropical Climates, that neither dysentery its =elf nor its attendant, symptomatic fever

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is contagious. It is presumable, if this disease be of a contagious nature, that Dr Johnston, who witnessed it on so large a scale, must have seen it, in the course of his Practice assume such form. But to quote the language of the Doctor "I have seen it in the East and in the West, in the North and in the South, in Fleets, and in Camps, in private and in public practice, and not a single Instance have I ever seen" Real Typhus fever is often associated with dysentery; the Indication would then be, to equalise Excitement, and if the pulse rise, have recourse to Venesection. In this form of the disease mercury is the only alternative and the strenght of the Patient is to be sustained by diffusible Stimulants, having a Diaphoretic tendency. We must persist in the use of the Mercury until Ptyalism is produced. The credit of Salivation is originally due to Cleghorn who prescribed Calomel and opium to purge,

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but was ultimately convinced of the superior effic acy of Ptyalism. This object attained, he even asserts an invariable cure. The practice was nearly as successful in the hands of Lind in the West, and was found highly so by Balfour and Maclair in the East Indies —

## Tuckahoe

We have often occasion to admire the goodness of the Great Author of Nature, in supplying even our Neighbouring Hills and Dales, with remedial agents. In many parts of N. Carolina there grows a plant. Vulgo Vocatur Tuckahoe "A subterraneous fungus, nearly allied to the genus Tuber. It is found in irregular, more or less globular, oblong lumps from an ounce to thirty pounds in weight, a brown, corrugated bark, Its internal substance is uniform, solid snow white, farrinaceous, with little or no taste or smell. I have frequently experienced the efficacy

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of this plant in Dysentery. An Infusion of half an ounce in a Pint of New Milk, and boiled down to half a Pint (a Table spoonful of which may be taken every hour or two) will produce a gentle aperient operation, has a strong tendency to correct the Bloody Stools, relieves tormina and tenesmus, excites uniform and gentle perspiration, and consequently may be expected to give rise, within a reasonable period to natural alvine evacuations. I should say that this Fungus, is most adapted to the early stage of Dysentery, but am under the impression that beneficial results would attend its administration, even in the more chronic form of the disease. Doctor Rush, has said, who knows but that at the foot of the Alligany, blooms a plant which is an infallable cure for the Consumption? Why go to Europe for the famous Nervine (Gum Assafoetida? When our Commons

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and Gardens produce the equally efficacious Garlic. Let us not trample with disdain on the roots and herbage of our soil. But let us remember

"Full many a flower is born to blush unseen,
And waist its sweetness on the desert air"

Chronic Dysenteria. This to a certain extent is a different disease, from the Acute. The bowels are more easily excited, & and the discharges are either Mucus alone or Mucus tinged with blood — Severe griping, food not digested, Tongue white in the centre, florid on its margins. Eyes sunk, pulse small hard and contracted, with an irregular irritated fever in the Evening. The treatment consists of small and frequent abstractions of blood from the arm, moderate purgings and Diaphoretics. The Flannel bandage

or Roller. The mode of applying this, is as follows, four or five folds of fine flannel are to be laid over the abdomen, and over this a flannel bandage, should be bound rather tight, and in a uniform manner, from the groin nearly to the armpits and back again. According to the present mode of applying the Flannel Bandage or Roller, I should suppose that it would be very difficult to keep the Roller from slipping, to do away, that inconvenience I would suggest, a Leather Jacket, lined with flannel, with straps and Buckles attached to its margins, also with a strap to run over the shoulders. or in other words, this should be made like a Lady's Corset. By such an Apparatus, we can give mechanical support to the Bowels, and keep up a uniform degree of temperature. This would certainly possess all the virtues of the Bandage and be free from its disadvantages. If the Liver

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should be morbidly affected, small doses of Calomel or the Blue pill are to be given, this last is strenuously demanded. If there should be much debility the Nitric acid or what perhaps is better, the Nitro Muriatic acid Bath.* It will often happen in this stage of the disease, that an Infusion of the Milder Vegetable Tonics, such as, the Radix Columba Lignum Quassiae &c will have a salutary effect. With these imperfect remarks, I must close this attempt at a dissertation, on a disease of frequent recurrence and often of dire and extensive malignancy, in various sections of our Country. To have been enabled to have done some share of justice to a subject so important, would have been to me a source of lasting pride and unfeigned pleasure. And while I know "'tis not in mortals to command success" I must freely admit, that it would have afforded me

* Chapman's Therapeutics, Volume II. pp. 480-483

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inexpressible pleasure, to have been enabled with propriety to say "I have deserved it" — A remark more closes this Essay: "In the hour of distress and dispair, when the hopes and expectations, of families, depend on the existence of a Father, a Mother, a Child stretched on the bed of disease, Medicine with its salutary aid, like an angel of light, dropping healing from its wings, dispels the gloom, wipes the tear, from afflictions eye, and pours the balm of comfort in the anguished heart" — ※ But alas, this beautiful picture, drawn as it is by a hand, which holds a pencil, whose every line is touched with the purest tints of genius and the most brilliant efforts of fancy, is not always in truth of colouring, perfect. The beauty of the vision is, unhappily often lost in the staid touches of sober reality. Human skill will not always avail, professional

※ See Dr Samuel Jackson's Introductory Lecture

exertions must sometimes prove abortive; and we are left to sigh over the imperfection of our science, and grieve over the destruction of our best and dearest hopes. The most ingenious exertions of our art fail; the harbinger of irremediable disease, displays his pallid banner; the cold dews of death, gather on the pale brow, of an affectionate husband, a beloved wife, or a dutiful child, and where the "Monster" fails to sever these dearer ties, his dart is often levelled, at some beloved friend and companion, leaving us, in intensity of feeling, to exclaim

"Tis the survivor dies"—